

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SF		10-01-01
O.I.P.E. CLASSIFIER	DP	32	10/19
FORMALITY REVIEW	DW	751	10-01-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	01-01-01
2	01-01-01
3	01-01-01
4	01-01-01
5	01-01-01
6	01-01-01
7	01-01-01
8	01-01-01
9	01-01-01
10	01-01-01
11	01-01-01
12	01-01-01
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35	01-01-01
36	01-01-01
37	01-01-01
38	01-01-01
39	01-01-01
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Claim	Date
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Claim	Date
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
staple additional sheet here